

POWER OF ATTORNEY and CORRESPONDENCE ADDRESS INDICATION FORM	Application Number	10/528,394	
	Filing Date	September 12, 2005	
	First Named Inventor	Donald Glanmor Howells	
	Title	IMPLEMENT FOR REMOVING WEEDS . . .	
	Art Unit	3671	
	Examiner Name	Joel F. Mitchell	
		Attorney Docket Number	

I hereby revoke all previous powers of attorney given in the above-identified application.

I hereby appoint:

☐ Practitioners associated with the Customer Number:
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☒ Practitioner(s) named below.

Name	Registration Number
Edwin D. Schindler	31,459

as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith.

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☒ Applicant/Inventor.

☐ Assignee of record of the entire interest. See 37 CFR 3.71.
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)

SIGNATURE of Applicant or Assignee of Record

Signature	x	Date	9/28/2007
Name		Telephone	
Title and Company			

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.

☒ Total of 1 forms are submitted.

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